

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		03-2-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Signature]</i>	1098	05/25/01
RESPONSE FORMALITY REVIEW	<i>M.H.</i>	625	08-14-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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30-617  
 8-14-01